



STANISLAUS  
COUNTY BRANCH

# Music Teachers' Association of California Stanislaus County Branch Memorial Scholarship Application

Please mail this application, the letters of recommendation and the audition fees to the Memorial Scholarship Chairperson. All entries must be postmarked by the application deadline.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Musical Training (Private Instruction)

name of teacher

dates of study

<p>My audition instrument will be:</p>   <p><i>Please include voice type if singing</i></p>
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Community / School Musical Experience (prioritize high school, include festivals and other honors)

name of organization

conductor

dates of participation

instrument

Titles of compositions to be performed at auditions. (Please read memorial scholarship regulations carefully; all compositions must meet scholarship regulations).

Full name of composition

Composer

Educational Goals: (such as school/university teacher, private music teacher, composer, conductor, music ministry, etc.)

Name of preferred college or Master Teacher: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_